PRELIMINARY DECLARATION OF DISCLOSURE "PDD" PACKET

4 STEPS:

STEP 1. COMPLETING THE PAPERWORK.



STEP 2. SERVING THE DOCUMENTS.



STEP 3. FILING THE FORMS.



STEP 4. APPEARING IN COURT.

PRELIMINARY DECLARATION OF DISCLOSURE "PDD" PACKET (CONTINUED)

STEP 1. COMPLETING THE PAPERWORK.

Note: the PDD Packet (Preliminary Declaration of Disclosure, Schedule of Assets and Debts, and Income and Expense Declaration) must be filled out completely one time and served on the other party. If you have property or a change in income, you may be required to serve PDD on the other party a second time to show the changes or to discuss the property. The Preliminary Declaration of Disclosure does not get filed with the court. At the time of your judgment, you will be required to file a Declaration Regarding Service of Declaration of Disclosure, and an Income and Expense Declaration showing you have served the other party with the required disclosure forms.

STANDARD FORMS THAT MUST BE COMPLETED □ Form FL-140, Declaration of Disclosure (1 page) Note: the following are to also be filled out and attached to the Form FL-140 in the packet: □ Form FL-142, Schedule of Assets and Debts (4 pages) □ Form FL-150, Income and Expense Declaration (4 pages) (Pg. 4 Child Support Information as it applies) □ Additional attachments 3-5 (these are not forms) that are part of form FL-140: statements about the value of assets, debts, and investments since the date of separation (see form FL-140). In addition, the following are required for service and filing ... □ Form FL-141, Declaration re. Service of Declaration of Disclosure (1 page) (this form to be filled out after the above documents are served)

PRELIMINARY DECLARATION OF DISCLOSURE "PDD" PACKET (CONTINUED)

STEP 2. SERVING THE DOCUMENTS.

Again, the Preliminary Disclosure forms (Preliminary Declaration of Disclosure, Schedule of Assets and Debts, and Income and Expense Declaration) must be filled out completely one time and served on the other party. If you have property or a change in income, you may be required to serve PDD on the other party a second time to show the changes or to discuss the property.

MAKE COPIES AND HAVE THE PDD PACKET SERVED ON THE OTHER PARTY:

Form FL-140, Declaration of Disclosure (1 page)
Form FL-142, Schedule of Assets and Debts (4 pages)
Form FL-150, Income and Expense Declaration (4 pages)
(Pg. 4 Child Support Information as it applies)
Additional attachments 3-5 (these are not forms) that are part of form FL-140: statements
about the value of assets, debts, and investments since the date of separation (see form
FL-140).

Note: All of these documents must be delivered to your spouse by someone other than you, who is over 18, and not a party to the case. The forms may be mailed or served in person.

PRELIMINARY DECLARATION OF DISCLOSURE "PDD" Packet (continued)

STEP 3. FILING THE FORMS.

Again, the following will occur twice: first as a <u>preliminary</u> version, then later as the <u>final</u> version (see form FL-140 for exceptions):

Once the Declaration of Disclosure has been served:

FILE ONLY THE FOLLOWING FORM:

☐ Form F1-141, **Declaration re. Service of Declaration of Disclosure** (1 page)

Note: do not file a copy of either the preliminary or final Declaration of Disclosure with this document.

STEP 4. APPEARING IN COURT.

THE FAMILY LAW HEARINGS ARE HELD IN TWO LOCATIONS. THE COURT WILL PROVIDE YOU THIS INFORMATION.

ATTORNEY OR PARTY WITH	HOUT A TORNEY (Name and Address	88): TELEPHONE NO	FL-140
_	6		
ATTORNEY FOR (Name):			
SUPERIOR COURT	OF CALIFORNIA, COU	NTY OF	
STREET ADDRESS: MAILING ADDRESS:			
CITY AND ZIP CODE:	•		
BRANCH NAME:	_		
PETITIONER:	3		
RESPONDENT:			
	DECLARATION O	E DISCLOSTIBE	CASE NUMBER:
	Petitioner's	Preliminary	
	Respondent's	Final	
	· ·		
		DO NOT FILE WITH THE COURT	
			5
			other party with certain exceptions. Neither
		stating service was made of the final de	claration of disclosure must be filed with the
court (see form FL-14	l1).		
A preliminary declara:	tion of disclosure but not	a final declaration of disclosure is require	ed in the case of a summary dissolution (see
		udgment (see Family Code section 21:	
	ent based upon a marriag		of provided the detault is not a supulated
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judgment or a judgme			
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DECLARATION OF DISCLOSURE (FL-140)

- Find the number on the sample form. *Example:* ①
- Go to the same number below to find out how to fill out the form.
- ▶ Type or print in black ink
- If you know the CASE NUMBER fill it in. If not known leave it blank.

- 1 Write your name, address and phone number.
- If not filled in for you, write "Fresno" after COUNTY OF. The address is: 1100 Van Ness Ave., Fresno CA 93724-0002. The Branch Name is: Central Branch.
- Write the name of the Petitioner and Respondent. The Petitioner is the party that starts the case against another person, the Respondent.
- 4 Check the box that identifies you as the Petitioner or Respondent. Check "Preliminary."
- This form is part of the Preliminary Declaration of Disclosure (PDD) Packet. The PDD Packet (Preliminary Declaration of Disclosure, Schedule of Assets and Debts, and Income and Expense Declaration) must be filled out completely one time and served (delivered) on the other party. *The Preliminary Declaration of Disclosure does not get filed with the court*.
- Read this section carefully. Check boxes 1 and 2.
 - Check box 3 and attach another page that lists assets (property, belongings, debts, etc.) owned by you and your spouse. Include the value of the assets (how much it's worth).
 - Check box 4 if you are attaching another page that describes any assets for which you and your spouse are responsible. Include the value.
 - If any investment opportunities were made to you since you and your spouse separated, check box 5 and attach another page and describe the opportunities. (Example: If you have bought or sold a home or business, invested income or sold items from investments.)
- 7 Date the form. Type or print your name on the left, and sign on the right.

SUPERIOR COURT OF CALIFORNIA, COUNTY OF MARRIAGE OF 3 SCHEDULE OF ASSETS AND DEBTS Petitioner's Respondent's including your spouse. If you contend an asset or debt is separate, put H or W in the first column (separate property) to indicate to whom you contend it belongs All values should be as of the date of signing the declaration unless you specify a different valuation date with the description For additional space, use a continuation sheet numbered to show what item is being continued URRENT GROSS FAIR MARKET VALUE DATE ASSETS—DESCRIPTION 1. REAL ESTATE (Give street addresses and attach copies of deeds with legal descriptions and latest lender's statement. 2. HOUSEHOLD FURNITURE, FURNISHINGS, APPLIANCES 3. JEWELRY, ANTIQUES, ART, COIN COLLECTIONS, etc. (Identify) orm Approved for Optional Us Judicial Council of California SCHEDULE OF ASSETS AND DEBTS

How to fill out

SCHEDULE OF ASSETS AND DEBTS (FL-142)

DIRECTIONS

- Find the number on the sample form. *Example:* •
- Go to the same number below to find out how to fill out the form.
- Type or print in black ink
- ▶ If you know the CASE NUMBER fill it in. If not known, leave it blank.

- Write your name, address and phone number.
- Write "Fresno" after Superior Court of California, County of.
- Write the name of the Petitioner and Respondent. The Petitioner is the party that starts the case against another person, the Respondent.
- 4 Check the box that identifies you as the Petitioner or Respondent.
- Read the instructions carefully. "Separate property" is assets (things of value) or debts (money owed) that belongs to the husband or wife, but not both. "Community" assets or debts belong to the husband and wife together.
 - If separate property, you will put H or W in the first column. Leave blank if community.
 - You will write the date the asset was acquired (purchased) in the second column
 - *Current gross fair market value*: gross means before taxes are taken out. Fair market value means how much the item is worth (fill in a dollar amount).
 - If money is still owed on this item, you will write this amount in the last column.

For each item listed on this form, if you need more space, attach another piece of paper (a continuation sheet) and number the page the same number as the item on the form. Example: #1 for Real Estate, #2 for Household Furniture, #3 for Jewelry, Antiques, Art, Coin Collections, etc. Do this as needed for all four pages of this form.

- 6 List all real estate (land, buildings), including addresses. Attach copies of deeds, etc. as requested.
- List all household furniture, furnishings, and appliances: Examples: sofas, lamps, televisions, computers, etc.
- List all jewelry, antiques, art, coin collections. Note: these items should be appraised (given a dollar value by someone in that business).

ITEM NO.	ASSETS—DESCRIPTION	SEP. PROP.	DATE ACQUIRED	CURRENT GROSS FAIR MARKET VALUE	AMOUNT OF MONEY OWED OF ENCUMBRANCE
	BOATS, TRAILERS (Describe and attach copy of ti	tte		s	\$
	ACCOUNTS (Account name, account number, bank, Attach copy of latest statement.)				
	accounts (Account name and number, bank, an ach copy of latest statement.)	d			
	IION, OTHER DEPOSIT ACCOUNTS (Account nam, , bank, and branch. Attach copy of latest statement				
8. CASH (Give					
	NANCE WITH CASH SURRENDER OR LOAN VALL y of declaration page for each policy)	JE .			

SCHEDULE OF ASSETS AND DEBTS (FL-142)

- page two -

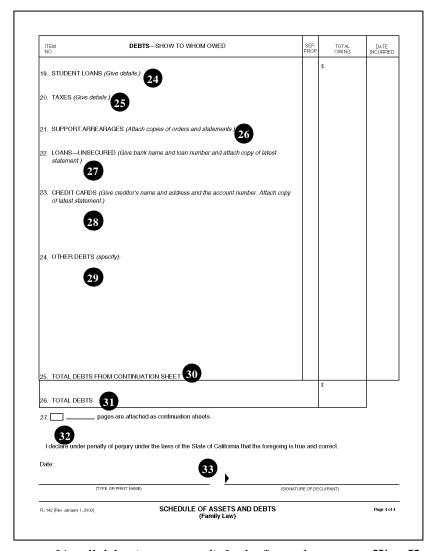
- Find the number on the sample form. *Example:* 12
- Go to the same number below to find out how to fill out the form.
- ▶ Type or print in black ink.
- ▶ If you know the CASE NUMBER fill it in. If not known, leave it blank.
- List all vehicles such as cars, motorcycles, boats, and trailers. Attach copies of documents that show they belong to you and/or your spouse. Example: DMV registration
- For Savings Accounts, include account numbers, and the bank name and branch (Example: Bank of America, Fashion Fair). Include copies of <u>latest</u> statements for each account.
- Provide the same information as above for Checking Accounts.
- Provide the same information as above for Credit Union or similar accounts.
- If you have stored cash somewhere, write the location in the space provided.
- If you received a tax refund this year, provide that information. Otherwise leave blank.
- Provide Life Insurance information with the amount it is worth if you turned it in, or the loan amount. Attach a copy of the policy's declaration page.

ITEM ASSETS—DESCRIPTION NO.	SEP. PROP.	DATE ACQUIRED	CURRENT GROSS FAIR MARKET VALUE	AMOUNT OF MONEY OWED O ENCUMBRANCE
STOCKS, BONDS, SECURED NOTES, MUTUAL FUNDS (Give certificate number and attach copy of the certificate or copy of latest statement.)			\$	\$
16				
12. RETIREMENT AND PENSIONS (Attach copy of latest summary plan documents and latest benefit statement.)	,			
•				
13. PROFIT-SHARING, ANNUITIES, IRAS, DEFERRED COMPENSATION (Attach copy of latest statement.)				
18				
14. ACCOUNTS RECEIVABLE AND UNSECURED NOTES (Attach copy of each.)				
19				
15. PARTNERSHIPS AND OTHER BUSINESS INTERESTS (Attach copy of most current K–1 form and schedule C.)				
20				
16. OTHER ASSETS				
21				
17. TOTAL ASSETS FROM CONTINUATION SHEET				
18. TOTAL ASSETS			\$	\$
FL-142 [Pev. January 1, 2003] SCHEDULE OF ASSE				

SCHEDULE OF ASSETS AND DEBTS (FL-142)

- page three -

- Find the number on the sample form. *Example:*
- Go to the same number below to find out how to fill out the form.
- ▶ Type or print in black ink.
- ▶ If you know the CASE NUMBER fill it in. If not known, leave it blank.
- If you or your spouse has stocks, bonds, secured notes, and/or mutual funds, list them here. Write the certificate/account number for each. Use a extra (continuation) sheet if needed. Attach copies of certificates and/or most recent statements.
- List retirement funds and pensions. Attach a copy of the most recent summary page or statement.
- 18 If you or your spouse participates in any of the following, list them here. Attach copies of statements.
 - Profit-sharing plans through workplace
 - Annuities amounts payable on a yearly basis, or at other regular times
 - Individual retirement accounts (IRA)
 - Deferred compensation wages that are not taken now, but is paid later
- If you or your spouse is due to receive any money, list accounts receivable here. Also list any unsecured notes (not secured by real property) you may have. Attach copies.
- If you or your spouse has a business partnership or other kind of business, list information here. Attach copies of the most recent *K-1 form* and *schedule C* (IRS forms).
- List any other assets you or your spouse might have. Use extra sheets as necessary.
- 22 If you used extra continuation sheets, add up all amounts and list them here.
- Add up your total assets from all pages of form FL-142, (1-17) and fill in the amount on line 18. Continue on the back side to list your debts.



SCHEDULE OF ASSETS AND DEBTS (FL-142)

- page four -

DIRECTIONS

- Find the number on the sample form. *Example:* 25
- Go to the same number below to find out how to fill out the form.
- ▶ Type or print in black ink.
- ▶ If you know the CASE NUMBER fill it in. If not known, leave it blank.

List all debts (money owed). In the first column, put a **W** or **H** to show that the debt is separate property. In the second column, write the total amount of money still owed. In the last column, put the date the debt started. Use continuation sheets as needed.

- 24 If you or your spouse currently have any student loans, list the details here.
- 25 If you or your spouse owes money for taxes, list details here.
- Support arrearages means being behind in payments ordered by the court, such as child support or spousal support. If either you or your spouse is behind in support payments, attach copies of court orders and statements.
- Unsecured loans are those that are not guaranteed or protected. If you or your spouse have unsecured loans, list them here. Write the name of the bank and the loan number. Attach copies of most recent statements.
- List all credit cards. Write the name, address and account number for each creditor (company that issued the credit card). Attach copies of most recent statements.
- 29 List any other debts owed by you or your spouse.
- 30 If you used extra sheets, add up all amounts and list them here.
- Add up your total debts (19-25) and fill in the amount.
- If you used continuation sheets, check the box and write the number of continuation sheets you are attaching (not copies of statements or other attachments).
- 33 Date the form. Type or print your name on the left. Sign your name on the right.

ATTORNEY OR PART	Y WITHOUT ATTORNEY (Name and Address): TELEPHONE NO.:	FOR COURT USE ONLY			
_	0				
ATTORNEY FOR (Nan	101				
	IRT OF CALIFORNIA, COUNTY OF				
STREET ADDRESS					
MAILING ADDRESS CITY AND ZIP COD					
BRANCH NAM					
PETITIONER					
RESPONDENT/D	EFENDANT:				
	INCOME AND EXPENSE DECLARATION	CASE NUMBER:			
Step 1 Attachments to this summary	I have completed income (page 2) Expense (page 3) (If child support is not an issue, do not complete Page 4. If your only in				
Step 2 Answer all questions that apply to you	Are you receiving or have you applied for or do you intend to apply for Receiving Applied for Intend to apply for What is your date of birth (month/day/year)? What is your occupation?	l No			
	What is your occupation? Highest year of education completed:				
	5. Are you currently employed? Yes No				
	a. If yes: (1) Where do you work? (name and address):				
•	(2) When did you start work there (month/year)?				
	b. If no: (1) When did you last work (month/year)?				
	(2) What were your gross monthly earnings?				
	6. What is the total number of minor children you are legally obligated to	support?			
Step 3	7. Net monthly disposable income (from line 16a of Page 2):	s			
Monthly income information	•				
	 Current net monthly disposable income (if different from line 7, explair ment 8): 	below or on Attach-			
6	ment of.	<u>a</u>			
Step 4	9. Total monthly expenses from line 2q of Page 3:				
Expense information	Total mount of these expenses paid by others:				
Step 5 Other					
party's income	11. My estimate of the other party's gross monthly income is:	\$			
Step 6 Date and sign this form	I declare under penalty of perjury under the laws of the State of Calif and the attached information forms are true and correct.	ornia that the foregoing			
	Date:				
	9 ,				
	(TYPE OR PRINT NAME)	(SIGNATURE OF DECLARANT)			
		Petitioner Respondent 10			

INCOME AND EXPENSE DECLARATION (FL-150)

- Find the number on the sample form. *Example:* •
- Go to the same number below to find out how to fill out the form.
- ▶ Type or print in black ink
- ▶ If you know the CASE NUMBER fill it in. If not known, leave it blank.

- 1 Write your name, address and phone number.
- If not filled in for you, write "Fresno" after COUNTY OF. The address is: 1100 Van Ness Ave., Fresno CA 93724-0002. The Branch Name is: Central Branch.
- Fill in the names of the Petitioner and Respondent. (The Petitioner is the person who starts a case against another person.)
- 4 Check all boxes that apply to your case. *Note:* if child support is <u>not</u> requested, do not fill out the Child Support Information Form (page 4). Check "Income" and "Expense".
- Answer all questions in Step 2. Occupation is your job (example: farmworker). Gross monthly income is the total amount of money you get each month before taxes are taken out. Minor children are those under age 18.
- Fill out Step 3 <u>only</u> if you are not on TANF. Fill in your net monthly disposable income, as listed on line 16a of the Income Information Form (page 2). Disposable income is money that is left after bills are paid. Fill in your current net monthly disposable income. If this is different from the number above, explain the reasons in the space provided or attach another page (write "Attachment 8" on top of the page and provide details). Example: "I recently changed jobs and am now earning less (or more) money that I did in the previous 12 months."
- In Step 4, list the total monthly expenses from line 2q of the Expense Information Form (page 3), and the amount of these expenses that are paid by other persons (parents, employer, spouse, etc.).
- Fill in your spouse's gross monthly income. Estimate means your best guess.
- 9 Fill in the date, type or print your name on the left, and sign on the right.
- ① Check the box that names you the Petitioner or Respondent. Fill in the number of pages of information forms you are giving the court (Page one of ____).

21 22 22 22 22 22 22 22 22 22 22 22 22 2	a. \$
22 20 20 20 20 20 20 20 20 20 20 20 20 2	a. \$
20 20 20 20 20 20 20 20 20 20 20 20 20 2	2. \$
20 20 20 20 20 20 20 20 20 20 20 20 20 2	
20 20 3 3 4 4 4 4 4 5 6 6 6 6 7 7 8 8 8 6 7 7 8 8 7 8 7 8 7 8	Last month:
verage st 12 months: 41 51 61 71	Last month:
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	121 131 141 151

INCOME INFORMATION (FL-150a)

- Find the number on the sample form. *Example:* ①
- Go to the same number below to find out how to fill out the form.
- Type or print in black ink
- ▶ If you know the CASE NUMBER fill it in. If not known leave it blank.

- Fill in the name of the Petitioner/Plaintiff and Respondent/Defendant. Fill in your name after "Income Information of."
- On line 1, fill in your total earnings (before taxes are taken out) from the <u>last 12 months</u>.
 - Read question 2 carefully. Fill in amounts of other money received (such as pensions, social security, unemployment, etc.). Describe each source of money under "Specify sources below."
 - For each business or rental property you own, write on a separate paper (schedule) how much money you receive for that business or rental property, and subtract the cash expenses you have for that property. In the space, write the net (income minus expenses) money you are left with.
 - Add lines 1 through 2.d to get line 3. Divide this amount by 12 then put that amount in line 4a.
- Complete all lines as they apply to you. Otherwise leave blank.
 - For each of the items, write the average (usual) amount for the last 12 months in the first column, and the exact amount for last month.
 - If you list job related expenses (line 13) be sure to attach an explanation.
 - If it applies to you, line 14 is the same amount as line 4d of the Child Support Information Form (page 4).
 - Complete all lines as they apply to you. Otherwise leave blank.
- Fill in the page numbers (Page ___ of ___).
 - ▶ Attach copies of your last 3 paycheck stubs

PETITIONER/PLAINTIFF:			CASE NUMBER:	
EXPENSE INFORMATION OF (name):			1	
a. List all persons living in your	name	<u>age</u>	<u>relationship</u>	gross monthly inc
home whose expenses are 1.				
included below and their income: 2.				
Continued on 3.				
Attachment 1a. 4				
b. List all other persons living in 1.				
your home and their income: 2.				
Continued on 3				
Attachment 1b.				
MONTHLY EXPENSES				•
a. Residence paymer		a Food at	home and household	sunnline \$
(1) Rent or mortgage	•	e. i cod ai	nome and nousenou	Supplies
(1) helit of Hortgage		. f Food on	ting out	\$
(2) If moderness include		i. rood ea	ang out	
(2) If mortgage, include: Average principal \$		a Litilities		\$
Average principal	_	y. oundes		
Average interest \$		b Talenti		
Impound for real	_	п. тетерпо	one	
property taxes \$	_	i Laundry	and cleaning	\$
Impound for home-		i. Edurally	and stocking	
owner's insurance \$		j. Clothine		\$
			ce (life, accident, etc. i	
(A) D I				
(3) Real property taxes (if not		clude a	uto, home, or health in	nsurance) 4
included in item (2))	. \$			
		I. Educati	on (specify):	\$
(4) Homeowner's or renter's insurance				
(if not included in item (2))	. =			\$
(5) Maintenance			ortation and auto expe	
(5) Maintenance	. 4			\$
			ent payments <i>(insert t</i>	
b. Unreimbursed medical and dental		itemize	below in item 3)	\$
expenses	. \$			
		p. Other (specify):	\$
c. Child care	. \$			
		q. TOTAL	EXPENSES (a-p)	\$
d. Children's education	. *	. (uo not	include amounts in a(.	<i>4</i>]]
		. — .		
ITEMIZATION OF INSTALLMENT PAYMENTS	S OR OTHER DEBT	s L Conti	nued on Attachment 3	
OPERITORIO NUME	DAMES TO THE		MONTHLY	DATE
CREDITOR'S NAME	PAYMENT FO	н	PAYMENT	BALANCE PAYMEN
. TEODUE VEEE			_	
ATTORNEY FEES a. To date I have y attorney for fees and	Longte: \$		The source of thi	is monov was:
 a. To date I have b. Lowe to date the busing fees and costs over the costs of the costs o	er the amount naid:			
c. My arrangement for attorney fees and costs				
, ,		•		
I confirm this information and fee arra	angement.		(SIGNATURE OF ATTOR	RNEVI
			Order Or L OF ATTOR	······································
			(TYPE OR PRINT NAM	IE OF ATTORNEY
			(in a continual revol	a or strongery
				F

EXPENSE INFORMATION (FL-150b)

- Find the number on the sample form. *Example:* ①
- Go to the same number below to find out how to fill out the form.
- Type or print in black ink
- ▶ If you know the CASE NUMBER fill it in. If not known, leave it blank.

- Fill in the name of the Petitioner/Plaintiff and Respondent/Defendant. Write your name after "Expense Information of."
- 2 List all persons living in your home whose expense you pay, including yourself. Fill in their name, age, their relationship to you (brother, parent, roommate), and their gross monthly income (how much they make before taxes). If you need more space, check the box, attach another page, and write Attachment 1a on top.
- 3 If there are persons living in your home who do <u>not</u> pay any of your Monthly Expenses, list them here as before. If you need more space, check the box, attach another page, and write Attachment 1b on top.
- List your Monthly Expenses here. Read each line carefully. If any do not apply to you, leave blank.
 - Mortgage is your house payment when you are buying your own home.
 - Unreimbursed medical/dental expenses are costs not covered by health insurance that you pay on your own.
 - If you pay for monthly child care, list on line c. For children's education (line d), list total monthly expenses such as tuition, lunches and school supplies.
 - For insurance (line k.), only list *life* or *accident* insurance here. List the total amount of installment payments (such as credit cards) on line o. You will list them separately below.
 - Add up lines a-p to get your total expenses, but do not include mortgage information from a (2).
- List all installment payments or other debts (such as credit cards or car payments). If you need more space, check the box, attach another piece of paper, and write Attachment 3 on top. List the creditor's name (example: Mastercard), the kind of payment (car payment, loan repayment, etc.), the monthly payment amount, the balance (how much you still owe), and the date of your last payment to this creditor.
- 6 Do nothing here unless you have paid an attorney (lawyer) for this case.

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT:	CASE NUMBER:	
CHILD SUPPORT INFORMATION OF (name):		
THIS PAGE MUST BE COMPLETED IF CHILD S	SUPPORT IS AN ISSUE.	
Health insurance for my children is is not available through a Monthly cost paid by me or on my behalf for the children only is: \$ Do not include the amount paid or payable by your employer. Name of carrier: c. Address of carrier:		
d. Policy or group policy number:		
Approximate percentage of time each parent has primary physical responsibili Mother % Father % 3. The court is requested to on 3 to following as additional child support:	•	
 a. Child care costs related to employment or to reasonably neces 		employment skills
(1) Monthly amount currently paid by mother: \$ b. Uninsured health care costs for the children for each cost stat the estimated monthly, yearly, or lump sum amount paid by ea		ost was incurred and
c.		the cost was incurred
d Travel avrance for visitation		
d. Travel expense for visitation (1) Monthly amount currently paid by mother: \$ (2) Monthly amount currently paid by father: \$		
(1) Monthly amount currently paid by mother: \$ (2) Monthly amount currently paid by father: \$ 4. The court is requested to allow the deductions identified below, which a	re justifiable expenses that h	
(1) Monthly amount currently paid by mother: \$ (2) Monthly amount currently paid by father: \$	Amount paid per month	ave caused an extreme How many months wi you need to make these payments
(1) Monthly amount currently paid by mother: \$ (2) Monthly amount currently paid by father: \$ 4. The court is requested to allow the deductions identified below, which a financial hardship. The court is requested to allow the deductions identified below, which a financial hardship.	Amount paid per month	How many months wi you need to make these payments
(1) Monthly amount currently paid by mother: \$ (2) Monthly amount currently paid by father: \$ 4. The court is requested to allow the deductions identified below, which a financial hardship. a. Extraordinary health expenses (specify and attach any supporting documents): b. Uninsured calastrophic losses (specify and attach	Amount paid per month \$	How many months wi you need to make these payments
(1) Monthly amount currently paid by mother: \$ (2) Monthly amount currently paid by father: \$ 4. The court is requested to allow the deductions identified below, which a financial hardship. a. Extraordinary health expenses (specify and attach any supporting documents): b. Uninsured catastrophic losses (specify and attach supporting documents): c. Minimum basic living expenses of dependent minor children from other marriages or relationships who live with you (specify specify).	Amount paid per month s	How many months wi you need to make these payments

CHILD SUPPORT INFORMATION (FL-150c)

DIRECTIONS

- Find the number on the sample form. *Example:* ①
- Go to the same number below to find out how to fill out the form.
- ▶ Type or print in black ink
- ▶ If you know the CASE NUMBER fill it in. If not known, leave it blank.

Note: only fill out this form if child support is being requested.

- Fill in the name of the Petitioner/Plaintiff and Respondent/Defendant. Fill in your name after "Child Support Information of."
- 2 If your children are covered by health insurance through your work check the first box. If not, check the second box.
 - a. If it applies to you, fill in the monthly cost of your children's health insurance that is NOT paid by your work (paid by you or someone else).
 - b. Fill in the name of the company of your children's health insurance plan (e.g., Aetna, Prudential).
 - c. Fill in the address of this company. d. Write the policy number, or group policy number.
- Write the percentage of time the children are with each parent. Example: if you have them weekdays and the other parent has them weekends they are with you about 70% of the time and with the other parent about 30% of the time.
- If more child support is requested, check box 3 and one or both boxes underneath. Fill in amounts now paid by the mother and/or father for child care while they are working or training for work, and for uninsured health care costs. Explain what these costs are for health care, and the estimated amount paid by each parent.
- 5 Check this box if there are other educational or special needs of the children. Explain what these costs are, the amount paid by each parent, etc. Example: "My child is disabled and attends special classes twice a week."
- 6 Check this box if either parent has travel costs for visiting the children. Fill in the monthly amounts.
- If you have costs that are very hard to pay each month, check box 4 and list them here. Write the amount you pay each month in the first column and the number of months you need to make the payments in the second column.
 - a. Check this box if you have expensive health care costs. Explain in the space provided and attach papers such as medical bills that support your claim. (Examples: diabetes, asthma)
 - b. Check this box, if you had a huge loss not covered by insurance. Explain in the space provided and attach papers that support your claim. (Example: fire destroyed home, belongings)
 - c. Check this box, if you already pay expenses of other children that live with you (from other marriages or relationships). Write the names and ages of the children in the space provided.
- 8 Write the total amount of these hardship costs. Fill in the page numbers (Page ___ of ____).

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address):	FL
	FOR COURT USE ONLY
TELEPHONE NO.: FAX NO.:	
ATTORNEY FOR (Name):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF	
STREET ADDRESS: MAILING ADDRESS:	
CITY AND ZIP CODE:	
BRANCH NAME:	
PETITIONER:	
RESPONDENT: 3	
•	
DECLARATION REGARDING SERVICE OF DECLARATION	CASE NUMBER:
OF DISCLOSURE AND INCOME AND EXPENSE DECLARATION Petitioner's Preliminary	
Respondent's 4 Final	
1. Lam the Attorney for Petitioner Respon	
1. Tail the Anomey of Pethones Trespond	
2. Petitioner's Respondent's Preliminary Declaration of Disclosure and Inco	
Attorney for Petitioner Respondent by: personal service	ce I mail I other (specify):
on (date):	
3. Petitioner's Respondent's Final Declaration of Disclosure and Income are Attorney for Petitioner Respondent by: personal service	
Altorney for retitioner responderic by personal service	e maii omer (<i>specny)</i> .
on (date):	
4. Service of the Final Declaration of Disclosure has been waived under Family Co	de section 2105, subdivision (d)
4. Solvice of the Final Decision of Discussion has been waived that Falling Co.	de Section 2 100, Subdivision (d).
I declare under penalty of perjury under the laws of the State of California that the foregoing	ng is true and correct.
Date:	
(TYPE OR PRINT NAME)	
	(SIGNATURE)
(THE STITUTIONE)	
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Note:	*
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Note: File this document with the coul Do not file a copy of either the <i>Preliminary</i> or Fi	inal Declaration of

DECLARATION REGARDING SERVICE OF DECLARATION OF DISCLOSURE (FL-141)

- Find the number on the sample form. *Example:* •
- Go to the same number below to find out how to fill out the form.
- ▶ Type or print in black ink
- ▶ If you know the CASE NUMBER fill it in. If not known, leave it blank.
- 1 Write your name and address. Also write your phone number, and a fax number if you have one.
- 2 If not filled in for you, write "Fresno" after COUNTY OF. The address is: 1100 Van Ness Ave., Fresno CA 93724-0002. The Branch Name is: Central Branch.
- Write the name of the Petitioner and Respondent. The Petitioner is the party that starts the case against another person, the Respondent.
- 4 Check the box that identifies you as the Petitioner or Respondent. Check "Preliminary."
- 5 Check the box that identifies you as the Petitioner or Respondent in the case.
- 6 Check the box before "My Preliminary Declaration of Disclosure and Income and Expense Declaration was served on" then check Petitioner or Respondent (whichever applies to the other party).
 - If the forms were personally delivered to the other party, check the first box. If the forms were mailed to the other party, check that box. If another method was used, check "other" and describe in the space provided.
 - Fill in the date the forms were served to the other party.
- 7 DO NOT fill out this section.
- 8 DO NOT check this box.
- Date the form. Type or print your name on the left. Sign your name on the right.